

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SIENNA MEADOWS OF OREGON (0009869)

Address: 989 PARK ST, OREGON, WI 53575

License Status: REGULAR

Licensed/Certified/Registered 01/01/2004

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0096558 **End Date:** 03/03/2006 **Type:** STANDARD **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008349 Served 03/24/2006

Deficiencies Cited

83.21(4)(p)

83.33(2)

Subject Area

PROMPT AND ADEQUATE TREATMENT

GENERAL SERVICES

Compliance
Verified

Corrected

Survey ID: 0095167 **End Date:** 07/06/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Survey ID: 0090480 **End Date:** 06/12/2003 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007795 Served 06/23/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(c)	UNIVERSAL PRECAUTIONS	07/06/2005	Yes
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	07/06/2005	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	07/06/2005	Yes
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	07/06/2005	Yes

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Enforcement History

Date: 03/21/2006 **SOD #10008349** **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(p)

Date: 06/18/2003 **SOD #10007795** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

FORFEITURE---83.14(1)(a)

FORFEITURE---83.14(1)(c)

FORFEITURE---83.14(2)

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Provider Inspection Summary

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CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 02/06/2006

Date Investigation Completed: 03/07/2006

Subject Area(s)
STAFF ADEQUACY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/30/2006

Date Investigation Completed: 03/08/2006

Subject Area(s)
MEDICATIONS
ADMINISTRATION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

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